

A Penny for your Thoughts...



The Montgomery County Department of Recreation strives to provide high quality leisure and recreational programs, services and facilities. Please take a few minutes and answer the following questions. We are genuinely interested in your experiences and appreciate your participation in our programs. Your comments will help us continue to improve our courses and programs and services by sharing your thoughts and comments.

Survey completed by:

☐ Participant ☐ Parent/Guardian

Course/Program/Activity Information

Course/Program/Activity _____

Instructor/Leader/Coach _____

Facility _____

Day/Time _____ Season/Year _____ Participant's Age _____

Participant's Experience

Check the reasons why you registered for this course/program.

- ☐ Location ☐ Instructor
☐ Day ☐ Content
☐ Fair value ☐ Uniqueness
☐ Socialization ☐ Skill development
☐ Other _____

Did the program/course/activity meet your needs/expectations?

☐ Yes ☐ No

Did the program/course/activity contribute to your well being?

☐ Yes ☐ No

Did the program/course/activity meet your safety expectations?

☐ Yes ☐ No

Was the location convenient?

☐ Yes ☐ No

Was the time convenient?

☐ Yes ☐ No

Was the length adequate?

☐ Yes ☐ No

Was the price fair and reasonable?

☐ Yes ☐ No

Would you recommend this program/course/activity to a friend?

☐ Yes ☐ No

Rate your overall experience:

- ☐ Exceeded Expectation
☐ Met Expectation
☐ Below Expectation

What suggestions do you have for new courses/programs/activities?

Comments: _____

Instructor/Leader/Coach Rating

Did he/she meet your expectations?

☐ Yes ☐ No

Was he/she knowledgeable?

☐ Yes ☐ No

Was the presentation clear and well organized?

☐ Yes ☐ No

Were effective instructional techniques used?

☐ Yes ☐ No

Was he/she on time?

☐ Yes ☐ No

Would you attend another course/program/activity with this instructor/leader/coach?

☐ Yes ☐ No

Comments: _____

Facility Rating (Check one for each criterion)

	Met Expectation	Below Expectation	Not Applicable
Welcoming environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility/desk staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Program/Course Publicity Rating

Was the publicity: Clear ☐ Yes ☐ No
Informative ☐ Yes ☐ No
Timely ☐ Yes ☐ No

How did you find out about the course/program/activity?

- ☐ Flyer/brochure/newsletter ☐ Website
☐ TV/Cable ☐ Friend
☐ Guide to Recreation & Leisure
☐ Previous participation
☐ Newspaper: (Name) _____
☐ Other: _____

Registration Method Used

Check the method you used to register

- ☐ Mail ☐ RecWeb
☐ Starline ☐ Walk-In
☐ Other _____

Have you visited our Website?

☐ Yes ☐ No

Contact

If you would like a response to your comments, please print your name, daytime phone and/or email address here.

Name _____

Daytime Phone _____

Email Address _____

Mail To: Department of Recreation
Affiliated Services
4010 Randolph Road
Silver Spring, MD 20902-1099

Fax To: 240-777-6913